



PTO/SB/05 (4/98)

Please type a plus sign (+) inside this box

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION **TRANSMITTAL**

0030/118 Attorney Docket No. First Inventor or Application Identifier Cherie Alexander

Helmet Having a Removable Liner

d for Making EL303319573US Express Mail Label No. (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

| | APPLICATION ELEMENTS hapter 600 concerning utility patent application contents. | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231 | | | | | | |
|-------------|---|--|--|--|--|--|--|--|
| . | Fee Transmittal Form (e.g., PTO/SB/17) | 5. Microfiche Computer Program (Appendix) | | | | | | |
| 2. X S | pecification [Total Pages 25] | 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) | | | | | | |
| | Descriptive title of the Invention | a. Computer Readable Copy | | | | | | |
| | Cross References to Related Applications | b. Paper Copy (identical to computer copy) | | | | | | |
| | Statement Regarding Fed sponsored R & D Reference to Microfiche Appendix | c. Statement verifying identity of above copie | | | | | | |
| | Background of the Invention | ACCOMPANYING APPLICATION PARTS U | | | | | | |
| | Brief Summary of the Invention | | | | | | | |
| | Brief Description of the Drawings (if filed) | 7. 3 Assignment Papers (cover sheet & document(s)) | | | | | | |
| - [| Detailed Description | 8. 37 C.F.R.§3.73(b) Statement Power of Attorney | | | | | | |
| | Claim(s) | 9. English Translation Document (if applicable) | | | | | | |
| 77 | Abstract of the Disclosure rawing(s) (35 U.S.C. 113) [Total Sheets 4] | 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations | | | | | | |
| 4. Oath or | Declaration [Total Pages 2] | 11. Preliminary Amendment | | | | | | |
| а. | X Newly executed (original or copy) | 12. X Return Receipt Postcard (MPEP 503) | | | | | | |
| ь. Г | Copy from a prior application (37 C.F.R. § 1.63) | (d)) Small Entity Statement filed in prior application | | | | | | |
| <u> </u> | (for continuation/divisional with Box 16 completed) DELETION OF INVENTOR(S) | 13. X Statement(s) Statement filed in prior application, Status still proper and desired | | | | | | |
| | Signed statement attached deleting | Certified Copy of Priority Document(s) | | | | | | |
| | inventor(s) named in the prior application | , (if foreign priority is claimed) | | | | | | |
| • NOTE FOR | see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 15. Other: | | | | | | |
| FEES, A SMA | ALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT D IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). | - II - I | | | | | | |
| 16. If a CC | ONTINUING APPLICATION, check appropriate box, and | supply the requisite information below and in a preliminary amendment: | | | | | | |
| ☐ c | Continuation Divisional X Continuation-in-part (| | | | | | | |
| • | oplication information: Examiner Neas | Group / Art Unit: 3741 | | | | | | |
| | | of the prior application, from which an oath or declaration is supplied by incorporated by | | | | | | |
| | · | has been inadvertently omitted from the submitted application parts. | | | | | | |
| | 17. CORRESPONDE | NCE ADDRESS | | | | | | |
| ☐ Custor | mer Number or Bar Code Label | or Correspondence address below | | | | | | |
| <u></u> | Vance A. Smith | acti par code label liere) : | | | | | | |
| Name | Wheat, Smith & Beres | | | | | | | |
| | 1515 Citizens Plaza | | | | | | | |
| Address | 500 West Jefferson Street | | | | | | | |
| City | Louisville State | KY Zip Code 40202 | | | | | | |
| Country | USA Telephone | 502-585-2040 Fax 502-585-1024 | | | | | | |
| Name (| PrintType) Vance A. Smith | Registration No. (Attorney/Agent) 24,320 | | | | | | |
| Signatu | 10000 1 1 -00 | 000 11/20/00 | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (12-98)
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FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

| T | DTAL | AMOUN | TOF | PAYMENT |
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|----------------------|------------------|-------------|--|--|--|--|--|--|
| Complete if Known | | | | | | | | |
| Application Number | | 0 | | | | | | |
| Filing Date | | P 22 6 | | | | | | |
| First Named Inventor | Cherie Alexander | SO | | | | | | |
| Examiner Name | | 20 E | | | | | | |
| Group / Art Unit | | 86 | | | | | | |
| Attorney Docket No. | 0030/118 | O | | | | | | |

| METHOD OF PAYMENT (check one) | FEE CALCULATION (continued) | | | | | |
|--|-----------------------------|---------|--------|---------|--|------------------|
| The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account | Larg | ge Enti | ty Sm | AL F | EES ity Fee Description | Fee Paid |
| Number | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| Deposit Account Name | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| Charge Any Additional | 139 | 130 | 139 | 130 | Non-English specification | |
| Fee Required Under 37 CFR 1.16 and 1.17 | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 2. X Payment Enclosed: | 112 | 920 | 112 | 2 920 | _ | |
| Check Order Other | 113 | 1,840 | • 113 | 3 1,840 |)* Requesting publication of SIR after Examiner action | |
| FEE CALCULATION | 115 | 110 | 215 | 55 | Extension for reply within first month | |
| | 116 | 380 | 216 | 190 | Extension for reply within second month | |
| BASIC FILING FEE Large Entity Small Entity | 117 | 870 | 217 | 435 | Extension for reply within third month | |
| Fee Fee Fee Fee Description | 118 | 1,360 | 218 | 680 | Extension for reply within fourth month | |
| 101 760 201 380 Utility filing fee 380.00 | 128 | 1,850 | 228 | 925 | Extension for reply within fifth month | |
| 106 310 206 155 Design filing fee | 119 | 300 | 219 | 150 | Notice of Appeal | |
| 107 480 207 240 Plant filing fee | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | |
| 108 760 208 380 Reissue filing fee | 121 | 260 | 221 | 130 | Request for oral hearing | |
| 114 150 214 75 Provisional filing fee | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| SUBTOTAL (1) (S) 380.00 | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | |
| 2. EXTRA CLAIM FEES | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | |
| Fee from Ext <u>ra Claims below Fee Paid</u> | 143 | 430 | 243 | 215 | Design issue fee | |
| Total Claims20** = X = | 144 | 580 | 244 | 290 | Plant issue fee | |
| | 122 | 130 | 122 | 130 | Petitions to the Commissioner | - ` |
| Multiple Dependent | 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| *or number previously paid, if greater; For Reissues, see below Large Entity Small Entity | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | |
| Fee Fee Fee Fee Description Code (\$) Code (\$) | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 120.00 |
| 103 18 203 9 Claims in excess of 20 | 146 | 760 | 246 | 380 | Filing a submission after final rejection | 120.00 |
| 102 78 202 39 Independent claims in excess of 3 | 140 | 760 | 040 | 200 | (37 CFR 1.129(a)) | |
| 104 260 204 130 Multiple dependent claim, if not paid | 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 109 78 209 39 ** Reissue independent claims over original patent | Other fe | ee (spe | ecify) | | | |
| 110 18 210 9 "Reissue claims in excess of 20 | | | | | | |
| SUBTOTAL (2) (S) - Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 120.00 | | | | | | |
| SUBMITTED BY A | | | | | | |
| Typed or Vande A. Smith | | | | | Complete (if applicable | e) |

| Typed or | | | Complete (if a | applicable) |
|--------------|----------------|---------------|----------------------------|-------------|
| Printed Name | Vande A. Smith | | Reg. Number | 24,320 |
| Signature | Jana amit | Date 11/29/99 | Deposit Account User ID | |

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